

**THIRTEENTH JUDICIAL CIRCUIT COURT
FAMILY COURT
Juvenile Division**



Release of Information

Name: _____

DOB: _____

Dear Sir/Madame:

I, the undersigned, do hereby authorize that any medical, social and psychiatric Information regarding myself or child _____ be released to the 13th Judicial Circuit Juvenile Officer, or _____, an agent of the Juvenile Officer.

I hereby release any person, school, physician, clinic, hospital or agency from any liability for information furnished pursuant to this authorization.

Copies of this form and signatures are to be considered as valid and original.

Cindy Garrett, Supervisor
Or Rick Gaines, Juvenile Officer

Signed

Relationship

Witness

Address

Witness

Date

_____ **Boone County Juvenile Office 705 East Walnut, Columbia, Missouri 65201
(573)886-4200**

_____ **Robert L Perry Juvenile Justice Center 5665 N Roger Wilson Drive, Columbia,
Missouri 65202 (573)886-4450**

_____ **Callaway County Juvenile Office Highway O, PO Box 465, Fulton, Missouri 65251
(573)642-7992**